

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

|   |      |                          |                        |                |
|---|------|--------------------------|------------------------|----------------|
| <p><i>Effective on 12/08/2004.</i><br/><i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3> |      | <b>Complete if Known</b> |                        |                |
|   |      | Application Number       | 10/539,764-Conf. #6613 |                |
|   |      | Filing Date              | March 20, 2006         |                |
|   |      | First Named Inventor     | DADD, Fysh             |                |
|   |      | Examiner Name            | Jessica L. Reidel      |                |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |      | Art Unit                 | 3766                   |                |
| TOTAL AMOUNT OF PAYMENT   | (\$) | 180.00                   | Attorney Docket No.    | 22409-00257-US |

#### METHOD OF PAYMENT (check all that apply)

☐ Check    ☒ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account    Deposit Account Number: 22-0185    Deposit Account Name: Connolly Bove Lodge & Hutz LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, **except for the filing fee**  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

#### FEE CALCULATION

##### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 330         | 165                   | 540         | 270                   | 220              | 110                   |                |
| Design           | 220         | 110                   | 100         | 50                    | 140              | 70                    |                |
| Plant            | 220         | 110                   | 330         | 165                   | 170              | 85                    |                |
| Reissue          | 330         | 165                   | 540         | 270                   | 650              | 325                   |                |
| Provisional      | 220         | 110                   | 0           | 0                     | 0                | 0                     |                |

##### 2. EXCESS CLAIM FEES

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 52       | 26                    |
| Each independent claim over 3 (including Reissues) | 220      | 110                   |
| Multiple dependent claims                          | 390      | 195                   |

|  |                     |                 |                      |                                  |                 |                      |
|--|---------------------|-----------------|----------------------|----------------------------------|-----------------|----------------------|
| <b>Total Claims</b>  | <b>Extra Claims</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> |
| _____ - or HP = _____ x _____ = _____                                  |                     |                 |                      |                                  |                 |                      |
| HP = highest number of total claims paid for, if greater than 20.      |                     |                 |                      |                                  |                 |                      |
| <b>Indep. Claims</b>   | <b>Extra Claims</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> |                                  |                 |                      |
| _____ - or HP = _____ x _____ = _____                                  |                     |                 |                      |                                  |                 |                      |
| HP = highest number of independent claims paid for, if greater than 3. |                     |                 |                      |                                  |                 |                      |

##### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof                | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|---|----------|---------------|
| _____        | _____        | _____ / 50 = _____ (round up to a whole number) x _____ = _____ |          |               |

##### 4. OTHER FEE(S)

|  | Fees Paid (\$) |
|--|----------------|
| Non-English Specification, \$130 fee (no small entity discount)                                    |                |
| Other (e.g., late filing surcharge): <u>1806 Submission of an Information Disclosure Statement</u> | <u>180.00</u>  |

##### SUBMITTED BY

|                   |                    |                                   |                    |           |                |
|-------------------|--------------------|-----------------------------------|--------------------|-----------|----------------|
| Signature         | /Michael G. Verga/ | Registration No. (Attorney/Agent) | 39,410             | Telephone | (202) 331-7111 |
| Name (Print/Type) | Michael G. Verga   | Date                              | September 10, 2009 |           |                |